Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 1 of 62

B1 (Official Form 1)(04/13)		~ -				90 - 01		ī			
	United S Nor	States Barthern Dis	ankru trict of	ptcy ( Illinois	Court s				Vol	untary	Petition
Name of Debtor (if individua Kamberos, Stefanie L		Middle):			Name	of Joint De	ebtor (Spouse	) (Last, First	, Middle):		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):  FKA Stefanie Lynn Compton				All Ot	her Names de married,	used by the J maiden, and	Joint Debtor trade names	in the last 8	years		
Last four digits of Soc. Sec. or (if more than one, state all)  xxx-xx-2960	r Individual-Taxpa	yer I.D. (ITIN	)/Complet	te EIN	Last fo	our digits o	f Soc. Sec. or	· Individual-1	Гахрауег I.I	D. (ITIN) No	o./Complete EIN
Street Address of Debtor (No. 840 N. Yale Avenue Villa Park, IL	and Street, City, a	nd State):	2	ZIP Code	Street	Address of	Joint Debtor	(No. and Str	reet, City, a	nd State):	ZIP Code
County of Residence or of the <b>DuPage</b>	Principal Place of	Business:		181	Count	y of Reside	ence or of the	Principal Pla	ace of Busin	ness:	
Mailing Address of Debtor (if	different from stre	eet address):			Mailin	g Address	of Joint Debt	or (if differe	nt from stre	et address):	
				ZIP Code	-						ZIP Code
Location of Principal Assets o (if different from street addres					•						
Type of Debt  (Form of Organization) (C)  Individual (includes Joint   See Exhibit D on page 2 of the   Corporation (includes LLC) Partnership Other (If debtor is not one of check this box and state type of the country of debtor's center of mained the country in which a foreign page of the page of the country in which a foreign	Check one box) Debtors) is form. C and LLP) The above entities, of entity below.)  Dtors In interests:  proceeding a pending:  Dee (Check one box)  ments (applicable to the court's consideraticept in installments. For the court's consideraticept in installments.	Health Call Single As in 11 U.S Railroad Stockbro Commod Clearing Other  Tal Che Debtor is a under Title Code (the Substitute of Che Rule 1006(b). See the Code (the Substitute of Che Rule 1006(b). See the Che Rule 1006(b).	ker lity Broke. Bank  Ex-Exemp eck box, if a tax-exemp e 26 of the Internal Re  The Internal Re	e box) ess Estate as d (51B)  r  t Entity applicable) pt organizat United State evenue Code  Check on  De Check if: De are Check all	ion es e). e box: btor is a sn btor is not btor's aggr less than S applicable	defined "incurr a perso mall business a small business egate nonco \$2,490,925 (e) boxes:	er 7 er 9 er 11 er 12 er 13  are primarily co fin 11 U.S.C. § ed by an indivioual, family, or  Chap debtor as definences debtor as contingent liquida amount subject	Nature (Check onsumer debts, § 101(8) as idual primarily household pur iter 11 Debta in 11 U.S.d defined in 11 U.S.d ated debts (exceptions)	led (Check hapter 15 Po a Foreign I hapter 15 Po a Foreign I hapter 15 Po a Foreign I e of Debts c one box)  for pose."  ors C. § 101(51D J.S.C. § 101(	one box) etition for Re Main Procee etition for Re Nonmain Pro Debts busine  D). 51D).	ecognition ding ecognition
attach signed application for the	he court's consideration			☐ Ac	ceptances of	of the plan w	this petition. were solicited pr S.C. § 1126(b).			classes of cre	,
□ Debtor estimates that fund □ Debtor estimates that, after there will be no funds available.	s will be available r any exempt prope	erty is exclude	d and adr	ninistrativ		es paid,		Inis	51 ACE 13 F	OK COURT	OJE ONE I
Estimated Number of Creditor	200-	1,000- 5,0 5,000 10,0		),001- 2	] 25,001- 50,000	50,001- 100,000	OVER 100,000				
Estimated Assets	001 to \$500,001 S 000 to \$1 t	\$1,000,001 \$10,00 \$10 to \$2 million milli	50 to	0,000,001 \$ \$100 to	100,000,001 o \$500 nillion	\$500,000,001 to \$1 billion					
Estimated Liabilities	001 to \$500,001 S 000 to \$1	\$1,000,001 \$10, to \$10 to \$5 million milli	50 to	0,000,001 \$ \$100 to	100,000,001 5 \$500 nillion	\$500,000,001 to \$1 billion					

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 2 of 62

Page 2 Name of Debtor(s): Voluntary Petition Kamberos, Stefanie Lynn (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Location Case Number: Date Filed: Where Filed: - None -Location Case Number: Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. X <u>/s/ Charles L. Magerski</u> September 21, 2015 Signature of Attorney for Debtor(s) (Date) Charles L. Magerski Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

B1 (Official Form 1)(04/13)

Document Page 3 of 62

### **Voluntary Petition**

(This page must be completed and filed in every case)

#### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

#### X /s/ Stefanie Lynn Kamberos

Signature of Debtor Stefanie Lynn Kamberos

X.

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

**September 21, 2015** 

Date

### Signature of Attorney\*

### X /s/ Charles L. Magerski

Signature of Attorney for Debtor(s)

#### Charles L. Magerski 6297092

Printed Name of Attorney for Debtor(s)

#### Sulaiman Law Group, Ltd.

Firm Name

900 Jorie Boulevard Suite 150 Oak Brook, IL 60523

Address

### Email: mbadwan@sulaimanlaw.com

#### 630-575-8181 Fax: 630-575-8188

Telephone Number

### **September 21, 2015**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

#### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

 $\mathbf{X}$ 

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Name of Debtor(s):

Kamberos, Stefanie Lynn

#### Signatures

### Signature of a Foreign Representative

Page 3

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

•
v
- ^

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

	_			
٩	٧	v	•	
	١,	8		

Date

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

### Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 4 of 62

B 1D (Official Form 1, Exhibit D) (12/09)

## **United States Bankruptcy Court Northern District of Illinois**

In re	Stefanie Lynn Kamberos		Case No.	
		Debtor(s)	Chapter	7

## EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

# Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 5 of 62

B 1D (Official Form 1, Exhibit D) (12/09) - Cont.	Page 2
deficiency so as to be incapable of realizing a responsibilities.);  □ Disability. (Defined in 11 U.S.C. §	109(h)(4) as impaired by reason of mental illness or mental and making rational decisions with respect to financial 109(h)(4) as physically impaired to the extent of being in a credit counseling briefing in person, by telephone, or ombat zone.
☐ 5. The United States trustee or bankruptcy requirement of 11 U.S.C. § 109(h) does not apply in	administrator has determined that the credit counseling this district.
I certify under penalty of perjury that the	information provided above is true and correct.
Signature of Debtor:	/s/ Stefanie Lynn Kamberos Stefanie Lynn Kamberos
Date: September 21,	•

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 6 of 62

B6 Summary (Official Form 6 - Summary) (12/14)

## **United States Bankruptcy Court Northern District of Illinois**

In re	Stefanie Lynn Kamberos		Case No.	
		Debtor		
			Chapter	7

### **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	244,118.50		
B - Personal Property	Yes	3	86,450.19		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		289,173.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	15		104,681.54	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	3			5,015.95
J - Current Expenditures of Individual Debtor(s)	Yes	2			5,243.80
Total Number of Sheets of ALL Schedu	ıles	30			
	T	otal Assets	330,568.69		
			Total Liabilities	393,854.54	

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 7 of 62

B 6 Summary (Official Form 6 - Summary) (12/14)

## **United States Bankruptcy Court Northern District of Illinois**

In re	Stefanie Lynn Kamberos		Case No.	
		Debtor		
			Chapter	7

### STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	5,023.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	5,023.00

#### State the following:

Average Income (from Schedule I, Line 12)	5,015.95
Average Expenses (from Schedule J, Line 22)	5,243.80
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	7,554.52

#### State the following:

Total from Schedule D, "UNSECURED PORTION, IF ANY"     column		0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		104,681.54
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		104,681.54

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Page 8 of 62 Document

B6A (Official Form 6A) (12/07)

In re	Stefanie Lynn Kamberos	Case No.	
_		Debtor	

### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
840 N. Yale Avenue, Villa Park, Illinois 60181 Single Family Dwelling Purchased in 2014 (Purchase Price \$214,500) Value Per Zillow.com PIN#: 0333414027	Fee Simple	-	210,447.00	200,561.00
10831 S. Keating Ave, Unit 2NE, Oak Lawn, IL 60453 Condominium Purchased in 2001 (Purchase Price \$85,000) Value Per Zillow.com PIN#: 24-15-308-029-1006 50% Interest with Ex-Husband	Fee Simple	-	33,671.50	61,913.00

Sub-Total > 244,118.50 (Total of this page)

244,118.50 Total >

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 9 of 62

B6B (Official Form 6B) (12/07)

In re	Stefanie Lynn Kamberos	Case No	
_		Debtor	

### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption
1.	Cash on hand	х			
2.	Checking, savings or other financial accounts, certificates of deposit, or		Chase Bank Checking Account No. ending with 9820	-	1,790.96
	shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Chase Bank Checking Account No. ending with 7785	-	1,125.62
3.	Security deposits with public utilities, telephone companies, landlords, and others.		Nicor Deposit	-	150.00
4.	Household goods and furnishings, including audio, video, and computer equipment.		Used Household Goods, Furnishings, and Appliances	-	3,680.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Personal Items	-	150.00
6.	Wearing apparel.		Used Clothing	-	500.00
7.	Furs and jewelry.		Jewelry	-	1,000.00
8.	Firearms and sports, photographic, and other hobby equipment.		Camera and Camcorder	-	100.00
9.	Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Term Life Insurance Policy No Cash Value	-	0.00
10.	Annuities. Itemize and name each issuer.	X			

Sub-Total > 8,496.58
(Total of this page)

**<sup>2</sup>** continuation sheets attached to the Schedule of Personal Property

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Page 10 of 62 Document

B6B (Official Form 6B) (12/07) - Cont.

In re	Stefanie Lynn Kamberos	Case No.	

Debtor

## SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

	Type of Property	N O Description and Location of Property E	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption
11.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	Bright Directions	-	8,799.23
12.	Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	AHRP Retirment 403(b)	-	46,620.38
13.	Stock and interests in incorporated and unincorporated businesses. Itemize.	x		
14.	Interests in partnerships or joint ventures. Itemize.	x		
15.	Government and corporate bonds and other negotiable and nonnegotiable instruments.	x		
16.	Accounts receivable.	x		
17.	Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	Back Child Support	-	3,000.00
18.	Other liquidated debts owed to debtor including tax refunds. Give particulars.	X		
19.	Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	x		
20.	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	x		
21.	Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	x		
			Sub-Tota Total of this page)	al > 58,419.61

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 11 of 62

B6B (Official Form 6B) (12/07) - Cont.

In re	Stefanie Lynn Kamberos	Case No
_	<u> </u>	

Debtor

### **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22.	Patents, copyrights, and other intellectual property. Give particulars.	х			
23.	Licenses, franchises, and other general intangibles. Give particulars.	Illino	is Drivers License	-	0.00
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	x			
25.	Automobiles, trucks, trailers, and other vehicles and accessories.	2015 Valu	Chevrolet Equinox LT with 16,500 Miles e Per KBB, PPV	-	19,534.00
26.	Boats, motors, and accessories.	X			
27.	Aircraft and accessories.	X			
28.	Office equipment, furnishings, and supplies.	X			
29.	Machinery, fixtures, equipment, and supplies used in business.	X			
30.	Inventory.	X			
31.	Animals.	X			
32.	Crops - growing or harvested. Give particulars.	X			
33.	Farming equipment and implements.	X			
34.	Farm supplies, chemicals, and feed.	X			
35.	Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > (Total of this page)

19,534.00

Total >

86,450.19

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 12 of 62

B6C (Official Form 6C) (4/13)

In re	Stefanie Lynn Kamberos		Case No.	
		Debtor	,	

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under: (Check one box)  ☐ 11 U.S.C. §522(b)(2)  ☐ 11 U.S.C. §522(b)(3)	☐ Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereaf with respect to cases commenced on or after the date of adjustment.)		
Description of Property	Specify Law Providing	Value of Claimed	Current Value of Property Without

Description of Property	Specify Law Providing Each Exemption	Claimed Exemption	Property Without Deducting Exemption
Real Property 840 N. Yale Avenue, Villa Park, Illinois 60181 Single Family Dwelling Purchased in 2014 (Purchase Price \$214,500) Value Per Zillow.com PIN#: 0333414027	735 ILCS 5/12-901	15,000.00	210,447.00
Checking, Savings, or Other Financial Accounts, Chase Bank Checking Account No. ending with 9820	Certificates of Deposit 735 ILCS 5/12-1001(b)	1,790.96	1,790.96
Chase Bank Checking Account No. ending with 7785	735 ILCS 5/12-1001(b)	1,125.62	1,125.62
Wearing Apparel Used Clothing	735 ILCS 5/12-1001(a)	500.00	500.00
Interests in an Education IRA or under a Qualified Bright Directions	State Tuition Plan 735 ILCS 5/12-1001(j)	8,799.23	8,799.23
Interests in IRA, ERISA, Keogh, or Other Pension AHRP Retirment 403(b)	or Profit Sharing Plans 735 ILCS 5/12-1006	100%	46,620.38
Alimony, Maintenance, Support, and Property Set Back Child Support	tlements 735 ILCS 5/12-1001(g)(4)	100%	3,000.00
Automobiles, Trucks, Trailers, and Other Vehicles 2015 Chevrolet Equinox LT with 16,500 Miles Value Per KBB, PPV	735 ILCS 5/12-1001(c)	2,400.00	19,534.00

m . 1	70.000.40	004 047 40
Total:	79.236.19	291.817.19

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Page 13 of 62 Document

B6D (Official Form 6D) (12/07)

In re	Stefanie Lynn Kamberos		Case No	
_	-	Debtor		

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	J H H	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGEN	LIQUID	I S P U T E	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. xxxxx4866  Bank Of The West 2527 Camino Ramon Po Box 5172 San Ramon, CA 94583		-	Opened 11/01/14 Last Active 8/07/15  Vehicle Lien  2015 Chevrolet Equinox LT with 16,500 Miles Value Per KBB, PPV  Value \$ 19,534.00	N T	A T E D		26,699.00	0.00
Account No.  Bank Of The West Attn: Bankruptcy PO Box 5172 San Ramon, CA 94583			Additional Notice Sent To: Bank Of The West  Value \$				Notice Only	
Account No. xxxxxxxxx7404  First Community Mortgage 1 Corporate Drive, Suite 360 Lake Zurich, IL 60047		-	Opened 9/01/14 Last Active 9/03/15 Mortgage 840 N. Yale Avenue, Villa Park, Illinois 60181 Single Family Dwelling Purchased in 2014 (Purchase Price \$214,500) Value Per Zillow.com				200,561.00	0.00
Account No.  First Community Bank and Trust 1111 Dixie Highway Beecher, IL 60401			Additional Notice Sent To: First Community Mortgage  Value \$				Notice Only	
continuation sheets attached		1	(Total of t		tota pag		227,260.00	0.00

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Page 14 of 62 Document

 $B6D\ (Official\ Form\ 6D)\ (12/07)$  - Cont.

In re	Stefanie Lynn Kamberos	Case No	
_		Debtor	

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS (Continuation Sheet)

	С	Тн	sband, Wife, Joint, or Community		С	U [ N I		AMOUNT OF	
CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B T O R	C A H	DATE CLAIM WAS NATURE OF LIE DESCRIPTION AN OF PROPER SUBJECT TO	N, AND D VALUE TY	CONTINGEN	N I I I I I I I I I I I I I I I I I I I	)  -  -	CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.  Groebe Management Services 7250 W. College Drive Palos Heights, IL 60463		-	Assessment 10831 S. Keating Ave, Un Lawn, IL 60453 Condominium Purchased in 2001 (Purch \$85,000) Value Per Zillow.com PIN#: 24-15-308-029-1006			E D			
			Value \$	67,343.00				0.00	0.00
Account No. xxxxxxxxxx1418  Midland Federal Savings and Loan 8929 S. Harlem Bridgeview, IL 60455	x	_	Opened 6/01/03 Last Ac Mortgage 10831 S. Keating Ave, Un Lawn, IL 60453 Condominium Purchased in 2001 (Purch \$85,000) Value Per Zillow.com	it 2NE, Oak					
			Value \$	67,343.00				61,913.00	0.00
			Value \$						
Account No.									
			Value \$						
Account No.			Value \$						
Sheet of continuation sheets a		d to				otal		61,913.00	0.00
Schedule of Creditors Holding Secured Clai	ms		(Danast	(Total of t	Т	otal		289,173.00	0.00
			(Keport	on Summary of So	ened	iuies)			

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 15 of 62

B6E (Official Form 6E) (4/13)

In re	Stefanie Lynn Kamberos	Case No	
-		Debtor	

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) ☐ Domestic support obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). ☐ Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). ☐ Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). ☐ Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). ☐ Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). ☐ Deposits by individuals Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). ☐ Taxes and certain other debts owed to governmental units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). ☐ Commitments to maintain the capital of an insured depository institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). ☐ Claims for death or personal injury while debtor was intoxicated

continuation sheets attached

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or

another substance. 11 U.S.C. § 507(a)(10).

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 16 of 62

B6F (Official Form 6F) (12/07)

In re	Stefanie Lynn Kamberos		Case No.	
		Debtor	<u> </u>	

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR		CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	D		J T E	AMOUNT OF CLAIM
Account No.				N T	A T E D		Ī	
Adventist Hinsdale Hospital 135 North Oak Street Hinsdale, IL 60521		-			D			162.10
Account No.	1				Г	T	†	
Adventist Hinsdale Hospital 120 North Oak Street Hinsdale, IL 60521			Additional Notice Sent To: Adventist Hinsdale Hospital					Notice Only
Account No.  Adventist Hinsdale Hospital PO Box 7000 Bolingbrook, IL 60440			Additional Notice Sent To: Adventist Hinsdale Hospital					Notice Only
Account No.  Adventist LaGrange Memorial Hospital 75 Remittance Drive, Suite 3204 Chicago, IL 60675			Additional Notice Sent To: Adventist Hinsdale Hospital					Notice Only
14 continuation sheets attached		1	(Total of	Subt				162.10

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 17 of 62

B6F (Official Form 6F) (12/07) - Cont.

In re	Stefanie Lynn Kamberos		Case No	
_		Debtor		

CREDITOR'S NAME,	CO	Hu	sband, Wife, Joint, or Community		CO	U N	D I	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	D E B T O R	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLA IS SUBJECT TO SETOFF, SO STATE	IM	NT I NG E NT	UNLIQUIDA	SPUHED	AMOUNT OF CLAIM
Account No.	1				T	E D		
Adventist Hinsdale Hospital 120 North Oak Street Hinsdale, IL 60521		-						158.46
Account No.	╁	1	Medical				H	
Advocate Christ Medical Center Hope Children's Hospital PO Box 70508 Chicago, IL 60673		-						
								436.63
Account No.  Advocate Christ 440 W. 95th Street Oak Lawn, IL 60453			Additional Notice Sent To: Advocate Christ Medical Center					Notice Only
Account No.  Advocate Christ Medical Center 4440 W. 95th Street Oak Lawn, IL 60453			Additional Notice Sent To: Advocate Christ Medical Center					Notice Only
Account No.								
Advocate Christ Medical Center PO Box 70508 Chicago, IL 60673-0508			Additional Notice Sent To: Advocate Christ Medical Center					Notice Only
Sheet no1 of _14_ sheets attached to Schedule of					Sub			595.09
Creditors Holding Unsecured Nonpriority Claims			(Te	otal of tl	his	pag	ge)	333.03

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 18 of 62

B6F (Official Form 6F) (12/07) - Cont.

In re	Stefanie Lynn Kamberos	Case No.	
_		Dehtor	

CDEDITORISMANT	С	Hu	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	O D E B T O R	J H H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	N L I Q U L	ISPUTE	AMOUNT OF CLAIM
Account No. xxxxxxxxxxxx3513			Opened 12/01/01 Last Active 5/14/15	Ţ	D A T E D		
American Express Po Box 3001 16 General Warren Boulevard Malvern, PA 19355		-	Credit Card		D		16,332.00
Account No.	╅						
American Express Box 0001 Los Angeles, CA 90096			Additional Notice Sent To: American Express				Notice Only
Account No.	+	-		-	$\vdash$		
American Express * c/o Becket & Lee P.O. Box 3001 Malvern, PA 19355			Additional Notice Sent To: American Express				Notice Only
Account No. xxxxxxxxxxxx8701	+	<u> </u>	Opened 9/01/13 Last Active 1/27/15				
Best Buy/cbna 50 Northwest Point Road Elk Grove Village, IL 60007		-	Charge Account				
							1,084.00
Account No.  Best Buy Co., Inc Bureaus Investment Group PO Box 17298 Baltimore, MD 21297			Additional Notice Sent To: Best Buy/cbna				Notice Only
Sheet no. <b>2</b> of <b>14</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	of	<u> </u>	I (Total of	Sub			17,416.00

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 19 of 62

B6F (Official Form 6F) (12/07) - Cont.

In re	Stefanie Lynn Kamberos	Case No.	
-		Debtor	

CDEDITOD'S NAME	Ç	Hu	sband, Wife, Joint, or Community	C	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	ODEBTOR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		U D	SPUTE	AMOUNT OF CLAIM
Account No.	Γ			٦	A T E D		
Best Buy/HSBC Retail P.O. Box 17298 Baltimore, MD 21297			Additional Notice Sent To: Best Buy/cbna		D		Notice Only
Account No.	╁						
CBNA 399 Park Avenue New York, NY 10022			Additional Notice Sent To: Best Buy/cbna				Notice Only
Account No. xxxxxxxxxxxx8772	╁		Opened 8/01/08 Last Active 8/10/15				
Capital 1 Bank Attn: General Correspondence Po Box 30285 Salt Lake City, UT 84130		-	Credit Card				4,115.00
Account No.	╁						- 1,110.00
Capital One, N.A. * c/o American Infosource P.O Box 54529 Oklahoma City, OK 73154			Additional Notice Sent To: Capital 1 Bank				Notice Only
Account No.	t						
Capital One, N.A.* 1680 Capital One Drive Mc Lean, VA 22102			Additional Notice Sent To: Capital 1 Bank				Notice Only
Sheet no. <u>3</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		<u>1                                    </u>	(Total of	Sub this			4,115.00

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 20 of 62

B6F (Official Form 6F) (12/07) - Cont.

In re	Stefanie Lynn Kamberos	Case No.	
-		Debtor	

	1.			1 -	1	-	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE,	CODEBT	H W	sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTI	L Q	DISPUTE	
AND ACCOUNT NUMBER (See instructions above.)	T O R	C 1	IS SUBJECT TO SETOFF, SO STATE.	N G E N T	QUIDATE	T E D	AMOUNT OF CLAIM
Account No. xxxxxxxxxxxx1364	1		Opened 7/01/05 Last Active 2/18/15 Credit Card		E		
Chase Card Po Box 15298 Wilmington, DE 19850		-	orean daru				
							16,787.00
Account No. xxxxxxxxxxx2630	-		Opened 7/01/12 Last Active 1/17/15 Charge Account				
Comenity Bank/Aarsons 3100 Easton Square Place Columbus, OH 43219		-					
							1,782.00
Account No.	T						
Comenity Po Box 182789 Columbus, OH 43218			Additional Notice Sent To: Comenity Bank/Aarsons				Notice Only
Account No.	┢			+			
Comenity Bank PO Box 182789 Columbus, OH 43218			Additional Notice Sent To: Comenity Bank/Aarsons				Notice Only
Account No.	$\vdash$						
Comenity Bank 220 W. Schrock Road Westerville, OH 43081			Additional Notice Sent To: Comenity Bank/Aarsons				Notice Only
Sheet no4 of _14_ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			18,569.00

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 21 of 62

B6F (Official Form 6F) (12/07) - Cont.

In re	Stefanie Lynn Kamberos		Case No.	
_		Debtor		

		_						
CREDITOR'S NAME,	C	Ηι	usband, Wife, Joint, or Community			J	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	ODEBTOR	J M H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		L Q U I D A T E D	2	SPUTED	AMOUNT OF CLAIM
Account No. xxxxxxxxxxxx1202			Opened 3/01/14 Last Active 2/02/15	Т	T E	<u>.</u>	Ī	
Elan Financial Service 777 E Wisconsin Avenue Milwaukee, WI 53202		-	Credit Card		D	)		14,953.00
Account No.					T	T		
Elan Financial U.S. Bancorp Center / Legal Dept 800 Nicollet Mall, 21st Floor Minneapolis, MN 55402			Additional Notice Sent To: Elan Financial Service					Notice Only
Account No.					T	T		
Elan Financial Services PO Box 108 Saint Louis, MO 63166			Additional Notice Sent To: Elan Financial Service					Notice Only
Account No.					T	T		
Marquette Bank 9612 W. 143rd Street Orland Park, IL 60462			Additional Notice Sent To: Elan Financial Service					Notice Only
Account No.		T			T	T		
Marquette Bank 1000 West 151st Street Orland Park, IL 60462			Additional Notice Sent To: Elan Financial Service					Notice Only
Sheet no5 of _14 sheets attached to Schedule of					otot			14,953.00
Creditors Holding Unsecured Nonpriority Claims			(Total o	t this	pa	ιge	e)	,

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 22 of 62

B6F (Official Form 6F) (12/07) - Cont.

In re	Stefanie Lynn Kamberos		Case No	
_		Debtor		

					_		
CREDITOR'S NAME,	ļç	Н	usband, Wife, Joint, or Community	Č	Ñ	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	O D E B T O R	C A M	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	N L I Q U I D A T E D	SPUTED	AMOUNT OF CLAIM
Account No.	]		Notice Only	'	Ę		
Equifax Information Services, LLC 1550 Peachtree Street NW Atlanta, GA 30309		_			D		0.00
Account No.	T	Γ	Notice Only				
Experian Information Solutions, Inc. 475 Anton Boulevard Costa Mesa, CA 92626		_					0.00
Account No. xxxxxxxxxxx6589	T	T	Opened 10/01/07 Last Active 2/04/15	T			
First National Bank Attention:FNN Legal Dept 1620 Dodge St. Stop Code: 3290 Omaha, NE 68197		-	Credit Card				15,354.00
Account No.	T	T		T			
First National Bank 1310 E. City Route 40 Greenville, IL 62246			Additional Notice Sent To: First National Bank				Notice Only
Account No.	T	T					
First National Bank PO Box 2557 Omaha, NE 68103			Additional Notice Sent To: First National Bank				Notice Only
Sheet no. 6 of 14 sheets attached to Schedule of				Sub			15,354.00
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	e)	1,

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 23 of 62

B6F (Official Form 6F) (12/07) - Cont.

In re	Stefanie Lynn Kamberos	Case No.	
		Debtor	

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C H H		CONTINGENT	UNLIQUIDATED	D I SPUTED	AMOUNT OF CLAIM
Account No.  First National Bank of Omaha 1620 Dodge Street Stop Code 3105 Omaha, NE 68197			Additional Notice Sent To: First National Bank		E D		Notice Only
Account No.  Gwendolyn J Sterk & the Family Law Group 11528 W 183rd Street, Suite NE Orland Park, IL 60467		-					10,756.50
Account No. xxxxxxxxxxxxxx5254  Kohls/ Capital One N56 W 17000 Ridgewood Drive Menomonee Falls, WI 53051		-	Opened 6/01/06 Last Active 2/10/15 Charge Account				2,064.00
Account No.  Capital One, N.A. * c/o American Infosource P.O Box 54529 Oklahoma City, OK 73154			Additional Notice Sent To: Kohls/ Capital One				Notice Only
Account No.  Capital One, N.A.* 1680 Capital One Drive Mc Lean, VA 22102			Additional Notice Sent To: Kohls/ Capital One				Notice Only
Sheet no7 of _14_ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		_	(Total of t	Subi his			12,820.50

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 24 of 62

B6F (Official Form 6F) (12/07) - Cont.

In re	Stefanie Lynn Kamberos		Case No	
_		Debtor		

	Ιc	Тни	isband, Wife, Joint, or Community	I c	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J	DATE OF AIM WAS INCUIDED AND	CONTINGEN	N L L Q U L D	l i	AMOUNT OF CLAIM
Account No.				Т	A T E D		
LaGrange Pediatrics 4727 Willow Spring Road La Grange, IL 60525		-			D		78.62
Account No.	$^{+}$						70.02
Law Office of Maura McMahon Zeller 1103 Westgate Street Oak Park, IL 60301		-					
							6,500.00
Account No.  Law Offices of Martin A Delaney III 3701 W. Algonquin Road, #350 Rolling Meadows, IL 60008		_					4,000.00
Account No. xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		-	Opened 10/01/05 Last Active 8/28/15 Educational				
Account No.	+						5,023.00
Department of Education FedLoan Servicing PO Box 530210 Atlanta, GA 30353			Additional Notice Sent To: Navient				Notice Only
Sheet no. <b>8</b> of <b>14</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of t	Subt			15,601.62

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 25 of 62

B6F (Official Form 6F) (12/07) - Cont.

In re	Stefanie Lynn Kamberos	Case No	
_		Debtor	

CREDITOR'S NAME,	CO	Hu	sband, Wife, Joint, or Community	l 6	U N	D I	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	DEBTOR	C A M		CONTINGENT	UNLIQUIDATED	SPUTED	AMOUNT OF CLAIM
Account No.				Т	E		
Department of Education FedLoan Servicing PO Box 69184 Harrisburg, PA 17106			Additional Notice Sent To: Navient		D		Notice Only
Account No.							
Navient PO Box 9635 Wilkes Barre, PA 18773			Additional Notice Sent To: Navient				Notice Only
Account No.			Collection for Walmart				
NCO Financial 507 Prudential Road Horsham, PA 19044		-					921.86
Account No.				T			
NCO Financial Systems, Inc. PO NBox 15636 Wilmington, DE 19850			Additional Notice Sent To: NCO Financial				Notice Only
Account No.							
NCO Financial Systems, Inc. 600 Holiday Plaza Drive, Suite 300 Matteson, IL 60443			Additional Notice Sent To: NCO Financial				Notice Only
Sheet no. 9 of 14 sheets attached to Schedule of				Sub			921.86
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ge)	

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 26 of 62

B6F (Official Form 6F) (12/07) - Cont.

In re	Stefanie Lynn Kamberos		Case No.	
_		Debtor		

CREDITOR'S NAME,	000	ı	sband, Wife, Joint, or Community	CONTI	N N	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	DEBTOR	J A H		NT I NGENT	ļν	SPUTED	AMOUNT OF CLAIM
Account No.				ן ד	D A T E D		
Walmart Asset Protection Recovery PO Box 101928, Dept 4295 Birmingham, AL 35210			Additional Notice Sent To: NCO Financial				Notice Only
Account No.						T	
Walmart Stores Inc 702 SW 8th Street 6487 Bentonville, AR 72716			Additional Notice Sent To: NCO Financial				Notice Only
Account No.				T			
Palos Community Hospital 12251 S. 80th Ave Palos Heights, IL 60463		-					150.00
Account No.							
PayPal Bill Me Later PO Box 105658 Atlanta, GA 30348		-					827.37
Account No.	$\vdash$	T		l		t	
Enhanced Recovery Co 8014 Bayberry Road Jacksonville, FL 32256			Additional Notice Sent To: PayPal Bill Me Later				Notice Only
Sheet no. 10 of 14 sheets attached to Schedule of				Sub			977.37
Creditors Holding Unsecured Nonpriority Claims			(Total of t	n1S	pag	ge)	1

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 27 of 62

B6F (Official Form 6F) (12/07) - Cont.

In re	Stefanie Lynn Kamberos	Case No	
		Debtor	

CREDITOR'S NAME,	CO		usband, Wife, Joint, or Community	- C O	U N	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	DEBTOR	C J M	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	LIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.	l			T	E		
Enhanced Recovery Co Po Box 3002 Southeastern, PA 19398			Additional Notice Sent To: PayPal Bill Me Later				Notice Only
Account No.	Г			T			
PayPal Credit PO Box 105658 Atlanta, GA 30348			Additional Notice Sent To: PayPal Bill Me Later				Notice Only
Account No.				T			
PayPal Smart Connect			Additional Notice Sent To: PayPal Bill Me Later				Notice Only
Account No. xxxxxxxxxxxx1386			Opened 10/01/14 Last Active 1/25/15	T			
Synchrony Bank/Walmart Attn: Bankruptcy Po Box 103104 Roswell, GA 30076		-	Credit Card				921.00
Account No.				T			
Synchrony Bank PO Box 530916 Atlanta, GA 30353			Additional Notice Sent To: Synchrony Bank/Walmart				Notice Only
Sheet no11 of14 sheets attached to Schedule of				Sub			921.00
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ge)	5250

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 28 of 62

B6F (Official Form 6F) (12/07) - Cont.

In re	Stefanie Lynn Kamberos		Case No.	
		Debtor		

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	C	Ų	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	1	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		LIGUID	SPUTED	AMOUNT OF CLAIM
Account No.				٦т	A T E D		
Walmart Asset Protection Recovery PO Box 101928, Dept 4295 Birmingham, AL 35210			Additional Notice Sent To: Synchrony Bank/Walmart		В		Notice Only
Account No.				+			
Walmart Stores Inc 702 SW 8th Street 6487 Bentonville, AR 72716			Additional Notice Sent To: Synchrony Bank/Walmart				Notice Only
Account No. xxxxx1828			Opened 10/01/14 Last Active 2/06/15	+			
Target Credit Card (TC) C/O Financial & Retail Services Mailstop BT P.O. Box 9475 Minneapolis, MN 55440		-	Credit Card				1,379.00
Account No.		<del> </del>		+			,
Target 1000 Nicollet Mall Minneapolis, MN 55403			Additional Notice Sent To: Target Credit Card (TC)				Notice Only
Account No.	+			+			
Target Credit Card (TC) P.O. Box 9475 Minneapolis, MN 55440			Additional Notice Sent To: Target Credit Card (TC)				Notice Only
Sheet no. <u>12</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	of	1	l (Total of	Sub this			1,379.00

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 29 of 62

B6F (Official Form 6F) (12/07) - Cont.

In re	Stefanie Lynn Kamberos	Case No	
_		Debtor	

					_		
CREDITOR'S NAME,	CO	Hu	sband, Wife, Joint, or Community	C	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	DEBTOR	C A H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	NT I NG E NT	I D	D I S P U T E D	AMOUNT OF CLAIM
Account No.				T	A T E D		
Target National Bank 3701 Wayzata Boulevard MS-3CG Minneapolis, MN 55416			Additional Notice Sent To: Target Credit Card (TC)		D		Notice Only
Account No.				$\top$	Т	T	
TD Bank, NA 1701 Route 70 East Cherry Hill, NJ 08034			Additional Notice Sent To: Target Credit Card (TC)				Notice Only
Account No. xxxxxxxxxxxx1996			Opened 4/01/06 Last Active 6/01/06		Г		
Target N.b. C/o Target Credit Services Minneapolis, MN 55440		-	Credit Card				0.00
Account No.			Notice Only	T	Г		
Trans Union LLC P.O. Box 2000 Chester, PA 19016-2000		-					0.00
Account No. xxxxxxxxxx0001	T		Opened 3/01/04 Last Active 3/31/15	T	Т	T	
Verizon 500 Technology Drive Ste 550 Weldon Spring, MO 63304		_					896.00
Sheet no. 13 of 14 sheets attached to Schedule of			,	Subt	tota	al	906.00
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	paş	ge)	896.00

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 30 of 62

B6F (Official Form 6F) (12/07) - Cont.

In re	Stefanie Lynn Kamberos	Case No	
_		Debtor	

	_	_		_		_	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Hu H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLLQULDAF	D I SPUTED	AMOUNT OF CLAIM
Account No.  Verizon Communications, Inc 1515 Woodfield Road Schaumburg, IL 60173			Additional Notice Sent To: Verizon		ED		Notice Only
Account No.  Zwicker & Associates P.C. 7366 N. Lincoln Ave. Suite 404 Lincolnwood, IL 60712		-	Notice Only Case No.: 2015 AR 001110				
Account No.  Zwicker & Associates PC 80 Minuteman Road Andover, MA 01810	-		Additional Notice Sent To: Zwicker & Associates P.C.				0.00 Notice Only
Account No.  Zwicker & Associates, P.C. 7366 N. Lincoln Avenue, Suite 102 Lincolnwood, IL 60712			Additional Notice Sent To: Zwicker & Associates P.C.				Notice Only
Account No.							
Sheet no14_ of _14_ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			0.00
			(Report on Summary of S		Γota dule		40400454

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 31 of 62

B6G (Official Form 6G) (12/07)

In re	Stefanie Lynn Kamberos	Case No	
_		Debtor	

### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 32 of 62

B6H (Official Form 6H) (12/07)

_			
In re	Stefanie Lynn Kamberos	Case No	
_	<u> </u>		
		Debtor	

### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

John Compton 10831 S. Keating Avenue, 2NE Oak Lawn, IL 60453 Midland Federal Savings and Loan 8929 S. Harlem Bridgeview, IL 60455

# Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 33 of 62

Fill	in this information to identify you	ur case:										
Del	Debtor 1 Stefanie Lynn Kamberos											
	btor 2 buse, if filing)					_						
Uni	ited States Bankruptcy Court for	the: NORTHERN DISTRIC	CT OF ILLIN	IOIS		_						
	se number nown)						Check if this is:  An amended filing  A supplement showing post-petition chapte 13 income as of the following date:					n chapter
0	fficial Form B 6I									tollowir	ig date:	
_	chedule I: Your In	come					М	M / DD/ \	/YYY			12/13
sup spo atta	as complete and accurate as p plying correct information. If y use. If you are separated and y ch a separate sheet to this for Tt 1:  Describe Employme	ou are married and not fili your spouse is not filing w m. On the top of any additi	ng jointly, ith you, do	and your spo not include	ouse infor	is livi matio	ng with n abou	you, inc	lude info ouse. If I	ormatio more s <sub>i</sub>	n about pace is	your needed,
1.	Fill in your employment information.			Debtor 1				Debtor 2 or non-filing spouse				
	If you have more than one job	' Employment status*	■ Emplo	■ Employed				☐ Employed				
	attach a separate page with information about additional	Employment status	☐ Not employed				☐ Not employed					
	employers.	Occupation	RN									
	Include part-time, seasonal, or self-employed work.	Employer's name	Palos C	ommunity	y Hospital							
	Occupation may include stude or homemaker, if it applies.	nt Employer's address	12251 S. 80th Avenue Palos Heights, IL 60463									
		How long employed the	here?	3.5 Years *See Attach	ment	for A	dditiona	al Emplo	yment In	formati	on	
Par	Give Details About	Monthly Income										
spou If yo	imate monthly income as of the use unless you are separated. ou or your non-filing spouse have e space, attach a separate shee	e more than one employer, co	•	0 ,		•			·		•	· ·
							For Deb	otor 1		ebtor 2 iling sp		
2.	List monthly gross wages, s deductions). If not paid month				2.	\$	7,	015.49	\$		N/A	
3.	Estimate and list monthly ov	vertime pay.			3.	+\$_		0.00	+\$		N/A	
4.	Calculate gross Income. Add	d line 2 + line 3.			4.	\$_	7,01	5.49_	\$_	ı	N/A	

Deb	otor 1	Stefanie Lynn Kamberos	i.	Case	number ( <i>if known</i> )				
	Cor	py line 4 here	4.	For	Debtor 1 7,015.49		r Debtor 2 or n-filling spouse N/A		
5				· —		· <u> </u>			
5.	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.	t all payroll deductions:  Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify:  Legal Med Child Lo ???????	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.+	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,825.76 0.00 0.00 0.00 333.67 0.00 0.00 20.76 308.75	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	N/A N/A N/A N/A N/A N/A N/A		
6.	Add	d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	2,488.94	\$	N/A		
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	4,526.55	\$	N/A		
8.	8b. 8c. 8d. 8e. 8f.	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Pension or retirement income	8c. 8d. 8e.	\$	0.00 0.00 187.00 0.00 0.00	\$_ \$_ \$_ \$_ \$_	N/A N/A N/A N/A N/A		
	Oh	Adventist Hinsdale Hospital: 2nd Other monthly income. Specify: Job	8h.+	æ	302.40	+ \$	N/A		
9.	8h. <b>Add</b>	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	489.40	\$_	N/A		
10.		culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		5,015.95 + \$		N/A = \$ 5,015.95		
11.	11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00								
12.		d the amount in the last column of line 10 to the amount in line 11. The reste that amount on the Summary of Schedules and Statistical Summary of Certablies					12. \$ 5,015.95 Combined		
13.	Do	you expect an increase or decrease within the year after you file this form					monthly income		
		Yes. Explain: Debtor does not work at Adventist Hisdale Hospi	ital re	gular	ly; works who	en ne	eded.		

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 35 of 62

### Official Form B 6I Attachment for Additional Employment Information

Debtor		
Occupation	RN	
Name of Employer	Adventist Hinsdale Hospital	
How long employed	10 Years	
Address of Employer	120 North Oak Street	
	Hinsdale, IL 60521	

Official Form B 6I Schedule I: Your Income page 3

# Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 36 of 62

Fill	in this informa	tion to identify yo	ur case:							
Deb	tor 1	Stefanie Lyni	n Kambe	eros		Cr	neck if this is: An amended fili	ng		
	tor 2						A supplement sl	howing post-petition chapter of the following date:		
Unit	ed States Bankri	uptcy Court for the:	NORTH	IERN DISTRICT OF ILLIN	IOIS	MM / DD / YYYY				
	e number nown)						A separate filing for Debtor 2 because Debtor 2 maintains a separate household			
_	fficial Fo		_							
S	chedule	J: Your E	Exper	ises				12/13		
info	ormation. If m		eded, atta	. If two married people a nch another sheet to this n.						
		ibe Your Housel	hold							
1.	□ No	o line 2. <b>s Debtor 2 live i</b>	·							
	∐ Ye	es. Debtor 2 mus	t file a sep	parate Schedule J.						
2.	Do you have	e dependents?	☐ No							
	Do not list Do and Debtor 2		■ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?		
	Do not state the dependents' names.				Daughter		4	□ No ■ Yes		
					_		_	□ No		
		Son			5	■ Yes □ No				
					Son		14	■ Yes		
								□ No		
3.	Do your exp	enses include	_					Pes		
J.	expenses of	f people other the d your depender	nan $_{m \Box}$	No Yes						
Est exp	imate your ex		ur bankrı	uptcy filing date unless y				Chapter 13 case to report p of the form and fill in the		
the		n assistance and		government assistance cluded it on <i>Schedule I:</i>			Your e	xpenses		
4.	The rental or home ownership expenses for your residence. Include first mortgag payments and any rent for the ground or lot.			e 4.	\$	1,600.50				
	If not includ	•	-							
	4a. Real e	state taxes				4a.	\$	0.00		
		rty, homeowner's	, or renter	's insurance		4b.		0.00		
				upkeep expenses		4c.		200.00		
5.		owner's associati nortgage payme		dominium dues <b>our residence,</b> such as ho	ome equity loans	4d. 5.	\$ \$	0.00 0.00		

# Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 37 of 62

6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. C. Felephone, cell phone, Internet, satellite, and cable services 6c. C. Felephone, cell phone, Internet, satellite, and cable services 6c. Chetr. Specify: 6c. C. Food and housekeeping supplies 7c. Food and housekeeping supplies 7c. S. Clothing, laundry, and dry cleaning 9c. S. Clothing, laundry, and sanitenance, bus or train fare. 9c. Do not include gas, maintenance, bus or train fare. 9c. Do not include car payments. 9c. Charitable contributions and religious donations 1d. S. S. Charitable contributions and religious donations 1d. S. S. Chebicle insurance 15b. S.	
6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Second and housekeeping supplies 7. Food and housekeeping supplies 8. Childcare and children's education costs 8. S. 8. Childcare and children's education costs 8. S. 9. Clothing, laundry, and dry cleaning 9. S. 10. Personal care products and services 11. S. 11. S. 12. S. 13. Entertainment, clube, recreation, newspapers, magazines, and books 13. S. 14. S. 15. Insurance. 16. On to include care payments. 17. Installment or lease payments. 18. Leath insurance deducted from your pay or included in lines 4 or 20. 18. Life insurance. 19. Vehicle insurance. 19. Vehicle insurance. 19. Vehicle insurance. 19. Seperity: 19. Installment or lease payments: 17a. Car payments for Vehicle 2 17b. Cher. Specify: RN Professional Dues 17c. Other. Specify: RN Professional Dues 17d. Other. Specify: RN Professional Dues 17d. Other. Specify: RN Professional Dues 17d. Other repayments you make to support others who do not live with you. 19. Other payments on other property 20a. Specify: 20b. Real estate taxes 20c. Property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20d. Maintenance, repair, and upkeep expenses 20d. Second	
6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, internet, satellite, and cable services 8c. Clothing, laundry, and dry cleaning 9c. Sc. Clothing, laundry, and detail expenses 9c. Sc. Clothing, laundry, and detail expenses 9c. Clothing, laundry, and anite and cable services 9c. Clothing, laundry, and anite and cable services 9c. Clothing, laundry, and anite and cable services 9c. Clothing, cell file services, and books 9c. Clothing, laundry, anite and cable services 9c. Clothing, cell file	390.00
6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: 6d. Other. Specify: 6d. Other. Specify: 6d. Other insurance. 6d. Specify: 6d. Specify: 6d. Specify: 6d. Other Specify: 6d. Other. Specify: 6d. Specify: 6d. Specify: 6d. Other. Specify: 6d. Specify: 6d. Other. Specify: 6d. Spe	69.00
6d. Other. Specify:  Food and housekeeping supplies  Childcare and children's education costs  Clothing, laundry, and dry cleaning  Personal care products and services  Insurance  Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.  Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.  Insurance.  Do not include car payments.  Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Leath insurance  15c. Vehicle insurance  15d. S  15d. Vehicle insurance.  15d. S  15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  15g. Taxes poor to not include taxes deducted from your pay or included in lines 4 or 20.  15c. Vehicle insurance.  15d. S  15d. S  15d. S  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17c. Other. Specify: RN Professional Dues  17d. Other. Specify: Student Loans  17d. S  17d. Other. Specify: Student Loans  Nour payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).  Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. S  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses  20d. Other Specify:  21 + S  24 Your monthly expenses.	290.00
Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Description and dry cleaning Childcare and children's education costs Description, laundry, and dry cleaning Description and religious or train fare. Do not include car payments. Description and religious donations Life insurance, Do not include insurance deducted from your pay or included in lines 4 or 20. Description and religious donations Life insurance Description and religious donations Life insurance Description and religious donations Life insurance Life insurance. Specify: Life insurance and support included in lines 4 or 20. Life insurance. Specify: Life insurance. Life insurance. Life insurance Life insurance. Life insurance Life insurance Life insurance. Life i	0.00
Childcare and children's education costs Clothing, laundry, and dry cleaning 9. \$ 9. \$ 9. Personal care products and services 10. \$ 10. \$ 11. \$	800.00
Clothing, laundry, and dry cleaning 9. \$ Personal care products and services 10. \$ Medical and dental expenses 11. \$ Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ Charitable contributions and religious donations 14. \$ Charitable contributions and religious donations 14. \$ Charitable contributions and religious donations 15. Insurance 15. Charitable contributions 15. Charitable chari	200.00
Personal care products and services   10. \$	120.00
Medical and dental expenses  Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Entertainment, clubs, recreation, newspapers, magazines, and books Issurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specify: 15d. \$  15	80.00
Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. S 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance, specify: 15d. Other insurance. Specify: 15d. Vehicle insurance. Specify: 15d. S	150.00
Do not include car payments.  Entertainment, clubs, recreation, newspapers, magazines, and books  Charitable contributions and religious donations  Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Lealth insurance  15c. Vehicle insurance. Specify:  15c. Vehicle insurance. Specify:  15d. Other insurance. Specify:  15d. S  Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17c. Other. Specify:  17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).  Other payments you make to support others who do not live with you.  Specify:  Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. \$  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses  20e. Homeowner's association or condominium dues  Other: Specify:  21. +\$  Your monthly expenses. Add lines 4 through 21.  The result is your monthly expenses.	
Charitable contributions and religious donations Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: 16. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 61). 18. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. Mortgages on other property 20a. Specify: 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 21e. Homeowner's association or condominium dues 22e. The result is your monthly expenses.	360.00
Insurance	80.00
Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15c. Vehicle insurance. Specify:  15d. Other insurance. Specify:  15d. S  16c. S  16c. S  17d. S  17d. S  17d. S  17d. S  17d. Other. Specify:  17d. S  17d	5.00
15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$  Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other symments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 18. \$ 18. \$ 19. Other payments you make to support others who do not live with you. 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 20b. \$ 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 20e. Homeowner's association or condominium dues 20e. \$ 20e. \$ 20e. \$ 20f. \$ 21. +\$ 22. Your monthly expenses. Add lines 4 through 21. 22. \$ 25.24	
15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify:  15d. Other insurance. Specify:  15d. Specify:  16d. Specify:  17d. Car payments for Vehicle 1 17d. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  17d. Specify:  17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).  18. Specify:  19. Other payments you make to support others who do not live with you.  Specify:  19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20a. Specify: 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20c. Homeowner's association or condominium dues 20c. Property. Specify: 21d. +Specify:  22d. Specify: 23d. Specify: 24d. Specify: 25d. Specify: 26d. Specify: 27d. Specify: 28d. Specify: 29d. Specify: 2	
15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Specify: 15d. Specify: 15d. Specify: 16. Specify: 16. Specify: 17a. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other spayments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 18. Specify: 19. Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. Specify: 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Specify: 21. +Specify: 22. Specify: 23. Specify: 24. Your monthly expenses. Add lines 4 through 21. 25. Your monthly expenses.	0.00
15d. Other insurance. Specify: 15d. \$  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$  Installment or lease payments: 17a. Car payments for Vehicle 1 17a. \$  17b. Car payments for Vehicle 2 17b. \$  17c. Other. Specify: RN Professional Dues 17c. \$  17d. Other. Specify: Student Loans 17d. \$  Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 0 18. \$  Other payments you make to support others who do not live with you. \$  Specify: 19. 0 19.	0.00
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17c. Other. Specify:  RN Professional Dues  17d. Cyour payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).  Other payments you make to support others who do not live with you.  Specify:  Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses  20e. Homeowner's association or condominium dues  Other: Specify:  Your monthly expenses. Add lines 4 through 21.  22. \$ 5,24  The result is your monthly expenses.	80.00
Specify:	0.00
17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: RN Professional Dues 17d. Other. Specify: Student Loans 17d. Student Loans 18deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 19deducted from your pay on line 5, Schedule I, Your Income Steel Income S	0.00
17b. Car payments for Vehicle 2 17c. Other. Specify: RN Professional Dues 17d. Other. Specify: Student Loans 17d. Other. Specify: Student Loans 17d. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 18. \$  19. Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 20b. Real estate taxes 20b. \$ 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. \$ 20fter: Specify: 21 +\$  22 \$ 3,24  The result is your monthly expenses.	
17c. Other. Specify: RN Professional Dues 17d. Other. Specify: Student Loans 17d. Other. Specify: Student Loans 17d. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 18. \$ 19. Other payments you make to support others who do not live with you.  Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20b. \$ 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. \$ 20fther: Specify: 21	395.97
17d. Other. Specify: Student Loans  Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).  Other payments you make to support others who do not live with you.  Specify: 19.  Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20a. \$ 20b. Real estate taxes 20b. \$ 20c. Property, homeowner's, or renter's insurance 20c. \$ 20d. Maintenance, repair, and upkeep expenses 20d. \$ 20e. Homeowner's association or condominium dues 20e. \$  Other: Specify: 21. +\$  Your monthly expenses. Add lines 4 through 21. 22. \$ 5,24  The result is your monthly expenses.	0.00
Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).  Other payments you make to support others who do not live with you.  Specify:  19.  Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses  20e. Homeowner's association or condominium dues  Other: Specify:  Your monthly expenses. Add lines 4 through 21.  The result is your monthly expenses.	10.00
deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).  Other payments you make to support others who do not live with you.  Specify:  19.  Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses  20e. Homeowner's association or condominium dues  Other: Specify:  Your monthly expenses. Add lines 4 through 21.  The result is your monthly expenses.	155.00
Other payments you make to support others who do not live with you.  Specify:  Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses  20e. Homeowner's association or condominium dues  Other: Specify:  Your monthly expenses. Add lines 4 through 21.  The result is your monthly expenses.	0.00
Specify: 19.  Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20a. \$ 20b. Real estate taxes 20b. \$ 20c. Property, homeowner's, or renter's insurance 20c. \$ 20d. Maintenance, repair, and upkeep expenses 20d. \$ 20e. Homeowner's association or condominium dues 20e. \$  Other: Specify: 21. +\$  Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	
Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 20e. Your monthly expenses. Add lines 4 through 21.  21. +\$  22. \$ 5,24	0.00
20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 20e. \$  Cother: Specify: 21. +\$  Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	
20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 20e. \$  21. +\$  22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	0.00
20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. \$  Cother: Specify:  21. +\$  22. \$  S,24  The result is your monthly expenses.	0.00
20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. \$  Cother: Specify: 21. +\$  22. \$  The result is your monthly expenses.	18.33
20e. Homeowner's association or condominium dues  Other: Specify:  Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	
. Other: Specify: 21. +\$  2. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	0.00
Your monthly expenses. Add lines 4 through 21.  The result is your monthly expenses.	240.00
The result is your monthly expenses.	0.00
The result is your monthly expenses.	243.80
Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$	5,015.95
	5,243.80
23c. Subtract your monthly expenses from your monthly income.	-227.85
The result is your <i>monthly net income</i> .	-221.03

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main

B6 Declaration (Official Form 6 - Declaration). (12/07)

Date September 21, 2015

Document Page 38 of 62

# **United States Bankruptcy Court** Northern District of Illinois

e Ste	fanie Lynn Kamberos		Case No.	
		Debtor(s)	Chapter	7
	DECLARATION C	ONCERNING DEBTOR	R'S SCHEDUL	ES
	DECLARATION UNDER I	PENALTY OF PERJURY BY	INDIVIDUAL DE	BTOR
	I declare under penalty of perjury the	at I have read the foregoing su	mmary and schedul	es consisting of 32
. 1	ets, and that they are true and correct to the		•	ies, consisting of

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Debtor

Signature

/s/ Stefanie Lynn Kamberos

Stefanie Lynn Kamberos

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 39 of 62

B7 (Official Form 7) (04/13)

# United States Bankruptcy Court Northern District of Illinois

In re	Stefanie Lynn Kamberos		Case No.	
		Debtor(s)	Chapter	7

### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

## 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$62,437.02 2015 YTD Gross Income (Debtor)

Per Pay Advices

\$84,867.00 2014 Gross Income (Debtor)

Per Tax Returns

#### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$1,683.00 2015 YTD Gross Child Support (Debtor)

B7 (Official Form 7) (04/13)

2

#### 3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR First Community Mortgage 1 Corporate Drive, #360 Lake Zurich, IL 60047	DATES OF PAYMENTS <b>9/1/2015, 8/1/2015, 7/1/2015</b>	AMOUNT PAID <b>\$6,209.32</b>	AMOUNT STILL OWING \$200,561.00
Bank Of The West Attn: Bankruptcy PO Box 5172 San Ramon, CA 94583	9/2/2015, 8/2/2015, 7/2/2015	\$1,583.88	\$26,699.00

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

		AMOUNI	
	DATES OF	PAID OR	
	PAYMENTS/	VALUE OF	AMOUNT STILL
NAME AND ADDRESS OF CREDITOR	TRANSFERS	TRANSFERS	OWING

None

c. *All debtors*: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT

AMOUNT STILL OWING

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT

AND CASE NUMBER

American Express Centurion Bank

v.

NATURE OF COURT OR AGENCY STATUS OR AND LOCATION DISPOSITION

AND LOCATION Dupage County Circuit Court, Illinois Pending

Stefanie Kamberos et. al. Case No.: 2015 AR 001110

None b Describe a

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

# Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 41 of 62

B7 (Official Form 7) (04/13)

3

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

#### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER

DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

## 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF

PROPERTY

#### 7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

#### 8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

# 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY

# Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 42 of 62

B7 (Official Form 7) (04/13)

NAME AND ADDRESS OF PAYEE

Sulaiman Law Group LTD 900 Jorie Blvd Ste 150 Oak Brook, IL 60523 DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR 7/25/2014 - 10/2/2014 AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
\$3975.00 - Attorney fees
\$445.00 - Costs (filing fee,
credit report, credit counseling
classes)

#### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

#### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

Marquette Bank

1000 West 151st Street

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE Savings Account No. ending with 2552

AMOUNT AND DATE OF SALE OR CLOSING

\$139.41

#### 12. Safe deposit boxes

None

Orland Park, IL 60462

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

#### 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

#### Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 43 of 62

B7 (Official Form 7) (04/13)

#### 14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

#### 15. Prior address of debtor

None 

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

**ADDRESS** 10831 S Keating Avenue, 2NE Oak Lawn, IL 60453

NAME USED Stefanie Lynn Kamberos DATES OF OCCUPANCY

6/2001 - 9/2014

#### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF

DATE OF

**ENVIRONMENTAL** 

GOVERNMENTAL UNIT

NOTICE

LAW

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous None

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS

NAME AND ADDRESS OF

DATE OF

**ENVIRONMENTAL** 

GOVERNMENTAL UNIT

NOTICE

LAW

None

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

# Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 44 of 62

B7 (Official Form 7) (04/13)

6

## 18 . Nature, location and name of business

None

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

BEGINNING AND NATURE OF BUSINESS ENDING DATES

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

#### 19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

### NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME ADDRESS

DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 45 of 62

B7 (Official Form 7) (04/13)

7

#### 20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

#### 21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

#### 22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

**ADDRESS** 

DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

### 23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

#### 24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 46 of 62

B7 (Official Form 7) (04/13)

Q

#### 25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\* \* \* \* \* \*

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date September 21, 2015
Signature //s/ Stefanie Lynn Kamberos
Stefanie Lynn Kamberos
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 47 of 62

B8 (Form 8) (12/08)

# **United States Bankruptcy Court** Northern District of Illinois

In re	Stefanie Lynn Kamberos		Case No.	
	•	Debtor(s)	Chapter	7

# CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

<b>PART A -</b> Debts secured by property of the estate. (Part A property of the estate. Attach additional pages if	A must be fully completed for <b>EACH</b> debt which is secured by necessary.)
Property No. 1	
Creditor's Name: Bank Of The West	Describe Property Securing Debt: 2015 Chevrolet Equinox LT with 16,500 Miles Value Per KBB, PPV
Property will be (check one):	
☐ Surrendered ■ Retained	i
If retaining the property, I intend to (check at least one):  ☐ Redeem the property  ☐ Reaffirm the debt ☐ Other. Explain (for example,	avoid lien using 11 U.S.C. § 522(f)).
Property is (check one):	
☐ Claimed as Exempt	■ Not claimed as exempt
Property No. 2	
Creditor's Name: First Community Mortgage	Describe Property Securing Debt: 840 N. Yale Avenue, Villa Park, Illinois 60181 Single Family Dwelling Purchased in 2014 (Purchase Price \$214,500) Value Per Zillow.com PIN#: 0333414027
Property will be (check one):	•
☐ Surrendered ■ Retained	1
If retaining the property, I intend to (check at least one):  ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain Retain and Maintain; (for example, and the content of	avoid lien using 11 U.S.C. § 522(f)).
Property is (check one):	
☐ Claimed as Exempt	■ Not claimed as exempt

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 48 of 62

B8 (Form 8) (12/08)		_	Page 2
Property No. 3			
Creditor's Name: Groebe Management Services		Condominium	e, Unit 2NE, Oak Lawn, IL 60453 Purchase Price \$85,000) n -1006
Property will be (check one):		L	
☐ Surrendered	■ Retained		
If retaining the property, I intend to (check a ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain _ Retain and Mainta  Property is (check one): ☐ Claimed as Exempt		d lien using 11 U.S.C. §  ■ Not claimed as exe	
		Not claimed as eac.	mpt
Property No. 4			
Creditor's Name: Midland Federal Savings and Loan		Describe Property Securing Debt: 10831 S. Keating Ave, Unit 2NE, Oak Lawn, IL 60453 Condominium Purchased in 2001 (Purchase Price \$85,000) Value Per Zillow.com PIN#: 24-15-308-029-1006 50% Interest with Ex-Husband	
Property will be (check one):			
☐ Surrendered	■ Retained		
If retaining the property, I intend to (check a ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain _ Retain and Mainta U.S.C. § 522(f)).		nable Loan Modificatio	on (for example, avoid lien using 11
Property is (check one): ☐ Claimed as Exempt		■ Not claimed as exe	mpt
PART B - Personal property subject to unexy Attach additional pages if necessary.)	pired leases. (All three	columns of Part B mus	st be completed for each unexpired lease.
Property No. 1			
Lessor's Name: -NONE-	Describe Leased Pro	-	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2):

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 49 of 62

B8 (Form 8) (12/08) Page 3

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date	September 21, 2015	Signature	/s/ Stefanie Lynn Kamberos	
			Stefanie Lynn Kamberos	
			Debtor	

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 50 of 62

# United States Bankruptcy Court Northern District of Illinois

In re	Stefanie Lynn Kamberos		Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPE	NSATION OF ATTO	RNEY FOR D	EBTOR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 20 compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of the debtor (s) in co	ng of the petition in bankruptcy	, or agreed to be paid	d to me, for services rendered or t	to
	For legal services, I have agreed to accept		\$	3,975.00	
	Prior to the filing of this statement I have received.		\$	3,975.00	
	Balance Due		\$ <u></u>	0.00	
2.	\$_335.00 of the filing fee has been paid.				
3.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5.	■ I have not agreed to share the above-disclosed comp	ensation with any other person	unless they are men	nbers and associates of my law fin	rm.
	☐ I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the nar				k.
6.	In return for the above-disclosed fee, I have agreed to re	ender legal service for all aspec	ts of the bankruptcy	case, including:	
	<ul><li>a. Analysis of the debtor's financial situation, and rende</li><li>b. Preparation and filing of any petition, schedules, stat</li><li>c. Representation of the debtor at the meeting of credite</li><li>d. [Other provisions as needed]</li></ul>	ement of affairs and plan which	n may be required;		
7.	By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any dis property under 11 U.S.C. 722, preparation any other adversary proceeding.	schargeability actions, reli	ef from stay actio	ns, motions to redeem d applications as needed or	r
		CERTIFICATION			
	I certify that the foregoing is a complete statement of any pankruptcy proceeding.	y agreement or arrangement for	payment to me for i	representation of the debtor(s) in	
Date	d: September 21, 2015	/s/ Charles L. Ma	gerski		
		Charles L. Mager	rski		
		Sulaiman Law G 900 Jorie Boulev			
		Suite 150			
		Oak Brook, IL 60 630-575-8181 Fa			
		mbadwan@sulai			

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

# NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

## 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

# 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

# <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

# Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 52 of 62

Form B 201A, Notice to Consumer Debtor(s)

Page 2

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

## Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

# 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

Case 15-32140 Doc 1 Filed 09/21/15 Entered 09/21/15 18:53:34 Desc Main Document Page 53 of 62

B 201B (Form 201B) (12/09)

# **United States Bankruptcy Court** Northern District of Illinois

In re	Stefanie Lynn Kamberos		Case No.	
	•	Debtor(s)	Chapter	7
		F NOTICE TO CONSU (b) OF THE BANKRUP	,	S)
		Certification of Debtor		
Code.	I (We), the debtor(s), affirm that I (we) have		notice, as required by	§ 342(b) of the Bankruptcy
				§ 342(b) of the Bankruptcy  September 21, 2015
Stefar	I (We), the debtor(s), affirm that I (we) have to	received and read the attached	Lynn Kamberos	September 21,

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

# United States Bankruptcy Court Northern District of Illinois

		Northern District of Hillinois		
In re	Stefanie Lynn Kamberos		Case No.	
		Debtor(s)	Chapter	7
	VE	RIFICATION OF CREDITOR M.	ATRIX	
		Number of	Creditors:	74
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of creditor	ors is true and c	orrect to the best of my
Date:	September 21, 2015	/s/ Stefanie Lynn Kamberos Stefanie Lynn Kamberos		

Adventist Hinsdale Hospital 135 North Oak Street Hinsdale, IL 60521

Adventist Hinsdale Hospital 120 North Oak Street Hinsdale, IL 60521

Adventist Hinsdale Hospital PO Box 7000 Bolingbrook, IL 60440

Adventist LaGrange Memorial Hospital 75 Remittance Drive, Suite 3204 Chicago, IL 60675

Advocate Christ 440 W. 95th Street Oak Lawn, IL 60453

Advocate Christ Medical Center Hope Children's Hospital PO Box 70508 Chicago, IL 60673

Advocate Christ Medical Center 4440 W. 95th Street Oak Lawn, IL 60453

Advocate Christ Medical Center PO Box 70508 Chicago, IL 60673-0508

American Express Po Box 3001 16 General Warren Boulevard Malvern, PA 19355

American Express Box 0001 Los Angeles, CA 90096 American Express \* c/o Becket & Lee P.O. Box 3001 Malvern, PA 19355

Bank Of The West 2527 Camino Ramon Po Box 5172 San Ramon, CA 94583

Bank Of The West Attn: Bankruptcy PO Box 5172 San Ramon, CA 94583

Best Buy Co., Inc Bureaus Investment Group PO Box 17298 Baltimore, MD 21297

Best Buy/cbna 50 Northwest Point Road Elk Grove Village, IL 60007

Best Buy/HSBC Retail P.O. Box 17298 Baltimore, MD 21297

Capital 1 Bank Attn: General Correspondence Po Box 30285 Salt Lake City, UT 84130

Capital One, N.A. \* c/o American Infosource P.O Box 54529 Oklahoma City, OK 73154

Capital One, N.A.\* 1680 Capital One Drive Mc Lean, VA 22102

CBNA 399 Park Avenue New York, NY 10022 Chase Card Po Box 15298 Wilmington, DE 19850

Comenity
Po Box 182789
Columbus, OH 43218

Comenity Bank PO Box 182789 Columbus, OH 43218

Comenity Bank 220 W. Schrock Road Westerville, OH 43081

Comenity Bank/Aarsons 3100 Easton Square Place Columbus, OH 43219

Department of Education FedLoan Servicing PO Box 530210 Atlanta, GA 30353

Department of Education FedLoan Servicing PO Box 69184 Harrisburg, PA 17106

Elan Financial U.S. Bancorp Center / Legal Dept 800 Nicollet Mall, 21st Floor Minneapolis, MN 55402

Elan Financial Service 777 E Wisconsin Avenue Milwaukee, WI 53202

Elan Financial Services PO Box 108 Saint Louis, MO 63166 Enhanced Recovery Co 8014 Bayberry Road Jacksonville, FL 32256

Enhanced Recovery Co Po Box 3002 Southeastern, PA 19398

Equifax Information Services, LLC 1550 Peachtree Street NW Atlanta, GA 30309

Experian Information Solutions, Inc. 475 Anton Boulevard Costa Mesa, CA 92626

First Community Bank and Trust 1111 Dixie Highway Beecher, IL 60401

First Community Mortgage 1 Corporate Drive, Suite 360 Lake Zurich, IL 60047

First National Bank Attention: FNN Legal Dept 1620 Dodge St. Stop Code: 3290 Omaha, NE 68197

First National Bank 1310 E. City Route 40 Greenville, IL 62246

First National Bank PO Box 2557 Omaha, NE 68103

First National Bank of Omaha 1620 Dodge Street Stop Code 3105 Omaha, NE 68197

Groebe Management Services 7250 W. College Drive Palos Heights, IL 60463

Gwendolyn J Sterk & the Family Law Group 11528 W 183rd Street, Suite NE Orland Park, IL 60467

Kohls/ Capital One N56 W 17000 Ridgewood Drive Menomonee Falls, WI 53051

LaGrange Pediatrics 4727 Willow Spring Road La Grange, IL 60525

Law Office of Maura McMahon Zeller 1103 Westgate Street Oak Park, IL 60301

Law Offices of Martin A Delaney III 3701 W. Algonquin Road, #350 Rolling Meadows, IL 60008

Marquette Bank 9612 W. 143rd Street Orland Park, IL 60462

Marquette Bank 1000 West 151st Street Orland Park, IL 60462

Midland Federal Savings and Loan 8929 S. Harlem Bridgeview, IL 60455

Navient Po Box 9500 Wilkes Barre, PA 18773

Navient PO Box 9635 Wilkes Barre, PA 18773

NCO Financial 507 Prudential Road Horsham, PA 19044 NCO Financial Systems, Inc. PO NBox 15636 Wilmington, DE 19850

NCO Financial Systems, Inc. 600 Holiday Plaza Drive, Suite 300 Matteson, IL 60443

Palos Community Hospital 12251 S. 80th Ave Palos Heights, IL 60463

PayPal Bill Me Later PO Box 105658 Atlanta, GA 30348

PayPal Credit PO Box 105658 Atlanta, GA 30348

PayPal Smart Connect

Synchrony Bank PO Box 530916 Atlanta, GA 30353

Synchrony Bank/Walmart Attn: Bankruptcy Po Box 103104 Roswell, GA 30076

Target 1000 Nicollet Mall Minneapolis, MN 55403

Target Credit Card (TC) C/O Financial & Retail Services Mailstop BT P.O. Box 9475 Minneapolis, MN 55440

Target Credit Card (TC) P.O. Box 9475 Minneapolis, MN 55440 Target N.b. C/o Target Credit Services Minneapolis, MN 55440

Target National Bank 3701 Wayzata Boulevard MS-3CG Minneapolis, MN 55416

TD Bank, NA 1701 Route 70 East Cherry Hill, NJ 08034

Trans Union LLC P.O. Box 2000 Chester, PA 19016-2000

Verizon 500 Technology Drive Ste 550 Weldon Spring, MO 63304

Verizon Communications, Inc 1515 Woodfield Road Schaumburg, IL 60173

Walmart Asset Protection Recovery PO Box 101928, Dept 4295 Birmingham, AL 35210

Walmart Stores Inc 702 SW 8th Street 6487 Bentonville, AR 72716

Zwicker & Associates P.C. 7366 N. Lincoln Ave. Suite 404 Lincolnwood, IL 60712

Zwicker & Associates PC 80 Minuteman Road Andover, MA 01810

Zwicker & Associates, P.C. 7366 N. Lincoln Avenue, Suite 102 Lincolnwood, IL 60712